| 5 | :_ |
|---|----|
| PATENT APPLICATION FEE DETERMINATION RECORD | |

Application or Docket Number

525510

| Effective December 29, 1999 | | | | | | | | | 5 | 2551 | ر | | • | |
|--|--|-------------|-----------------------------------|---|----------|---|------------------|--------|----------------|------------|-------------------------|----------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMAL TYPE | | NTITY | OR | OTHER SMALL | | | |
| FOR NUMBER FILED NUMBER EXTRA | | | | | | RATE | :] | FEE | 1 | RATE | FEE | | | |
| BASIC FEE | | | | | | | | F., | | 345.00 | OR | | 690.00 | |
| TOTAL CLAIMS 46 minus 20= · 26 | | | | | | | | X\$ 9= | - | | OR | X\$18= | 468° | |
| INDEPENDENT CLAIMS 2 minus 3 = .* | | | | | | | | X39= | | | OR | X78= | ,,,, | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | | +130= | _ | | OR | +260= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | | TOTA | _ | | OR | TOTAL | 11560 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | , | SMAL | LE | NTITY | OR | OTHER SMALL | THAN | |
| AMENDMENT A | | REM. | AIMS AINING TER IDMENT | | P | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | | ADDI- TIONAL FEE/ | | RATE | ADDI- TIONAL FEE |
| NON | Total | .4 | 3 | Minus | ** | 46 | = | | X\$ 9= | - | | OR | X\$18= | |
| AME | Independent | • 0 | 2 | Minus | ** | · <u>3</u> | = / | | X39= | П | | OR | X78= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM / | | | | | | | | +130= | <u>.</u> | | OR | +260= | | |
| | | | | | | | | | TOT | | (| OR | TOTAL ADDIT, FEE | |
| | | | umn 1) | • | ((| Column 2) | (Column 3) | | | | | _ | | 7 |
| ENT B | | REM A | AIMS IAINING FTER NDMENT | 10 (6 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / | Р | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| MENDMENT | Total | • | | Minus | ** | | = | | X\$ 9= | = | | OR | X\$18= | |
| AME | Independent FIRST PRESE | • | 211.05.14 | Minus | | | = - | | X39= | | | OR | X78= | |
| ┢ | PINST PRESE | NIAIIC | JN OF IM | OLI IPLE DE | PEN | DENT CLAIM | , | J | +130 | _ | | OR | +260= | |
| | | | | | | | | | TOT ADDIT F | AL | | OR | TOTAL ADDIT. FEE | |
| ADDIT, FEEOR ADIT, FEEOR ADDIT, FEEOR ADDIT, FEEOR ADDIT, FEEOR ADDIT, FEE | | | | | | | | | | | | | | |
| AMENDMENT C | | REM • Al | AIMS IAINING FTER NDMENT | | F | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | | Minus | Ŀ | , | = | | X\$ 9= | = · | | OR | X\$18= | |
| | Independent | • | ON OF 12 | Minus | <u> </u> | IDENT OLAIM |]= | | X39= | | | OR | X78= | |
| H | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +130= | _ | | OR | +260= | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | | | | | |
| "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | | |



Name/Number: 10728323

Total Records Found: 6

Start Date: Any Date

End Date: Any Date

| Accounting Date | Sequence Num. | Tran Type | Fee Code | Fee Amount Mailroom Date | Payment Method |
|-----------------|------------------|--------------|-------------|--------------------------|----------------|
| 12/09/2003 | 00000003 | <u>1</u> | 2001 | \$385.00 12/04/2003 | CK |
| 06/25/2004 | 00000067 | . 1 : | <u>2051</u> | \$65.00 06/24/2004 | CK |
| 06/25/2004 | 00000068 | <u>1</u> | 2252 | \$210.00 06/24/2004 | CK |
| 08/16/2004 | 00000047 | <u>1</u> | <u>8021</u> | \$40.00 08/13/2004 | CK |
| 07/08/2005 | 00000011 | <u>1</u> | <u>2251</u> | \$60.00 07/07/2005 | CK |
| 07/20/2005 | 00000003 | 1 | <u>1806</u> | \$180.00 07/08/2005 | DA 031721 |



ATTORNEY DOCKET NO.: 2002834-0232 (Bacterial Delivery DIV2)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Caplan

Examiner:

Huynh

Serial No.:

10/728,323

Art Unit:

1644

Filing Date:

December 4, 2003

Title:

MICROBIAL DELIVERY SYSTEM

Mail Stop: Amendments Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

TRANSMITTAL LETTER

Enclosed are the following documents:

- Form PTO-1449 (1 pages); 1.
- Supplemental Information Disclosure Statement (5 pages); 2.
- 3. Transmittal Letter (1 page); and
- 4. Return Postcard.

If any additional fees are required to be paid or if any overpayment has been made, please charge same to Deposit Account No. 03-1721.

Respectfully submitted,

Charles E. Lyon, Ph. Agent for Applicant

Registration No. 56,630

CHOATE, HALL & STEWART, LLP

Exchange Place 53 State Street Boston, MA 02109 (617) 248-5000

(617) 248-4**9**0

Dated:

3953622

Certificate of Mailing

I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Mail Stop: Amendments, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signature

Sandra Saccocia

Typed or Printed Name of person signing certificate



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INFORMATION DISCLOSURE STATEMENT

Pursuant to the duty of disclosure under 37 CFR §§ 1.56, 1.97 and 1.98, Applicant requests consideration of this Information Disclosure Statement.

Type of Statement

The present Information Disclosure Statement is:

- [] An original Information Disclosure Statement; or
- [X] A supplemental Information Disclosure Statement.

Certificate of Mailing

1 certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents P.O. Box 1450, Alexandia, VA 22313-1450.

Date

Sandra Saccocia

Name of Person Signing